

551

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY OR TOWN <u>Aurora</u>		1551	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>125 W. Church</u>				d. STREET ADDRESS (If rural, give location) <u>125 W. Church</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORD</u> b. (Middle) <u>ALICE</u> c. (Last) <u>Bowman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 8, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB 5-1902</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elementary Schools</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES C. GARDNER</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Branch PATTESON</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Bowman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Bowman</u> ADDRESS <u>Aurora, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		156 A	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 19, 1951</u> , to <u>May 8, 1951</u> , that I last saw the deceased alive on <u>May 8, 1951</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Huron, M.D.</u> (Degree or title)				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>May 9 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 16-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> 157		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Marsh</u> ADDRESS <u>Aurora, Mo.</u>			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 24 1951

Dist. File 5-27-1183

Date Filed 5-27-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Gene Starrant

Signed.....
Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Aurora, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.